

Vehicles regularly used to transport children must be inspected annually for safety.

Provider Name:					
Address:					
Year:		Color: _			Seating Capacity:
Tag Number:	Mileage:				Number of Seat Belts:
I have inspected th	nis vehicle	and found	it to be in p	roper worki	ng order.
INSPECTED BY: _					
INSPECTED BY: _	M	lechanic's	Signature		
Date Inspected:					
F-0094 Sample (04/18)					
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		_	larly used to spected an	•	
Provider Name			•		
Address:				θ Other	
Type of vehicle:		θ Car			
Year:	Color:				Seating Capacity:
Tag Number:	Mileage:				Number of Seat Belts:
I have inspected th	nis vehicle	and found	it to be in p	roper worki	ng order.
INSPECTED BY: _					
_	M	lechanic's	Signature		
Date Inspected:					

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